

REQUIREMENTS & INSTRUCTIONS - DISPENSING OPTICIAN LICENSE

Access this form via website at: www.hawaii.gov/dcca/pvl

Hawaii does NOT reciprocate with any other state or country. All applicants must meet the requirements set forth in the State of Hawaii dispensing opticians statutes and rules. As licensing requirements can change over a period of time, the applicant should contact the Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division ("Department") for current application and information.

EXAMINATION

Hawaii requires passage of **both** the National Opticianry Competency Examination (NOCE) and the National Contact Lens Registry Examination (NCLRE). **These are two separate exams.**

You must apply directly to the American Board of Opticianry (ABO) and the National Contact Lens Examiners (NCLE) for the exams. Contact ABO/NCLE for information, application form, and exam schedule at:

ABO/NCLE

6506 Loisdale Rd., Ste. 209
Springfield, VA 22150

Phone: (703) 719-5800
www.abo.org

Have your exam scores sent directly to: Department of Commerce & Consumer Affairs
Dispensing Optician Program
P.O. Box 3469
Honolulu, HI 96801

EDUCATION OR WORK EXPERIENCE REQUIREMENT

You must be a high school graduate (or equivalent) **and** have completed **one** of the following:

1. Minimum of two (2) years of full-time (not less than 30 hours per week) of practical and mechanical optical work experience as an opticianry apprentice; or
2. Graduation from an opticianry course accredited by the Commission on Opticianry Accreditation; or
3. A current and valid license as a dispensing optician in another state or territory of the United States and passage of the NOCE and the NCLRE.

To prove you meet one of the above education or work experience requirements, **submit** the following documentation:

1. To prove your work experience, **attach** a written, **notarized** statement signed by a licensed dispensing optician, ophthalmologist, or optometrist attesting that under their direct supervision you received a minimum of two years (specify dates), full-time (consisting of at least 30 hours each week), practical and mechanical optical work experience as an opticianry apprentice including experience with spectacles and contact lenses. Use the attached form.
2. To prove you graduated from an accredited opticianry course, **arrange** with your college to send directly to our office a **certified** transcript showing graduation date and coursework completed.
3. To prove current licensure, have the licensing agency in the other state send verification directly to our office. The verification shall include the following information: your name, license number, issuance date, expiration date, license status, a statement on whether or not your license has been disciplined or is pending investigation or possible disciplinary action. Use the attached form.

VERIFICATION OF OTHER STATE LICENSES

Have all other states where you hold or held a license at any time, complete the attached "Verification of License" form. This "Verification" form may be duplicated as needed. Some states charge a fee for verification service; the applicant is responsible for any fees incurred. Contact the appropriate licensing agencies for information on fees charged and the time it will take to process your license verification to our office.

APPLICATION FORM

Complete the attached application in black ink or by typewriter.

- **Failure to provide all the requested information will delay the processing of your application.**

FEES

Make check payable to: COMMERCE & CONSUMER AFFAIRS

If you expect to be licensed between:

July 1 of EVEN-numbered years (2004, 2006) and June 30 of ODD-numbered years (2005, 2007),
submit fee of \$160
(\$20 Application fee* + \$20 License fee + \$70 Compliance Resolution Fund fee +
\$50 fee for the second year of the two-year period)

July 1 of ODD-numbered years (2005, 2007) and June 30 of EVEN-numbered years (2006, 2008),
submit fee of \$ 75
(\$20 Application fee* + \$20 License fee + \$35 Compliance Resolution Fund fee)

* Application fee is non-refundable.

Note: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your license and must be received within 60 days of the date that your application for a license is denied.

DEPARTMENT'S ADDRESS

Mail items to:

Dispensing Opticians Program
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Deliver to office location at:

OR 335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

Toll free voice access numbers
for the neighbor islands:
Kauai - 274-3141 ext. 6-3000
Maui - 984-2400 ext. 6-3000
Hawaii - 974-4000 ext. 6-3000
Molokai - 1-800-468-4644 ext. 6-3000
Lanai - 1-800-468-4644 ext. 6-3000

LAWS & RULES

To obtain a copy of the Dispensing Opticians laws, Chapter 458, Hawaii Revised Statutes, and rules, Chapter 91, Hawaii Administrative Rules, send a written request to: Dispensing Opticians Program, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801. The licensee is held accountable for knowing and complying with the laws and rules of dispensing opticians practice as failure to comply may result in disciplinary action. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 458 and Chapter 91.

The laws and rules are also posted on our website at: www.hawaii.gov/dcca/pvl. Look under "Dispensing Optician".

CURRENT MAILING ADDRESS

Each licensee is required to maintain a current mailing address with the Department. Submit each change, in writing, to the Department.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, **expire on July 1 of each even-numbered year** and are subject to renewal on or before the license expiration date. It is the licensee's responsibility to keep his or her license current.

Approximately 60 days before the license expiration date, a renewal application is mailed to a current licensee at the last known address. The Department is not responsible for mail that fails to reach you. No other follow-up notices will be sent.

ABANDONMENT OF APPLICATION

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

APPLICATION FOR LICENSE - DISPENSING OPTICIANS

See requirements & instructions before completing this form.

Legal Name (First-Middle)

(Last)

Other names used, including maiden name:

Residence Address (Include apt. no., city, state & zip code)

Mailing Address (ONLY if different from above)

Social Security No.

Phone No. (days)

FOR BOARD USE ONLY

☐ \$160/75

☐ appln

☐ exam scores

☐ exp stmt

☐ Transcript or

☐ Verif: _____

Approved/date

Date Licensed

License No.
DIO - _____

EMPLOYMENT HISTORY In Opticianry	Name and Address of Employer	Position Title	Dates (mo/yr)	
			From	To

Circle answers and give details when required:

1. Are you at least 18 years old?

2. Are you a U.S. citizen, a U.S. National, or an alien authorized to work in the U.S.?

3. Are you a high school graduate or G.E.D.?

4. Do you have at least 2 years of full-time (minimum of 30 hours per week), practical and mechanical optical work experience as an optician apprentice under the direct personal supervision of a licensed optician, ophthalmologist or optometrist?
If "yes", attach notarized statements.

5. Have you taken and passed the NOCE and the NCLRE?
When did you take the NOCE and the NCLRE (month/year):

6. Have you authorized and arranged with the ABO and the NCLE to release your exam results to the Department?
Did you graduate from an opticianry course accredited by the Commission on Opticianry Accreditation?
a) If "yes", name of school

7. Have you arranged to have your transcript sent to the Department?
Do you hold or ever held licenses in any other state?
a) What states?
b) Have you requested all states to send confirmation of your license and status to the Department?
c) Has any license ever been suspended, revoked or otherwise subject to disciplinary action?
d) Are there any disciplinary actions pending against you?
If response to #7c or #7d is "yes", explain on a separate sheet of paper and arrange to have documents from each state in which disciplinary action was taken sent to our office.

8. In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged?
If "yes", explain on separate sheet. Attach copies of court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.

Affidavit of applicant:

I hereby certify that the statements, answers, and representations made in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal to grant or subsequent revocation of license (Sec. 710-1017, Hawaii Revised Statutes). I further certify that I have read, understand, and will comply with all the current laws and rules of Dispensing Opticians in the State of Hawaii.

Date

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

App

Lic

CRF

1/2 Ren

Service Fee

183

185

186

180

BCF

\$20

\$20

\$35/\$70

\$50

\$15

DISP-01 0704R

STATE OF HAWAII
DISPENSING OPTICIANS PROGRAM
Department of Commerce and Consumer Affairs
335 Merchant St., Room 301, P.O. Box 3469
Honolulu, HI 96801
Access this form via website at: www.hawaii.gov/dcca/pvl

CERTIFICATION OF OPTICIANRY WORK EXPERIENCE

(print name of applicant)

This is to certify that, _____,
(name of applicant)
has had _____ years _____ months of full-time (at least 30 hours per week) practical and mechanical optical work experience as an opticianry apprentice, that included experience with eyeglasses and contact lenses under my direct and personal supervision.

_____ worked under my supervision from
name of applicant
_____ through _____.
(month and year) (month and year)

Subscribed and sworn to before me

This _____ *day of* _____, 20____

Notary Public, State of _____

My commission expires: _____

Signature of Supervisor (NOTARIZATION REQUIRED) (date)

Print Name of Supervisor Lic No.

Title: Dispensing optician, optometrist, or ophthalmologist Eff Date of Lic

Exp. Date

Name of Company

Address

City State Zip Code

() _____
Telephone Number

VERIFICATION OF LICENSE - DISPENSING OPTICIANS

Access this form via website at: www.hawaii.gov/dcca/pvl

State of Hawaii
Dispensing Opticians Program
P.O. Box 3469
Honolulu, HI 96801

APPLICANT	Name (First-Middle) _____ (LAST) _____		Social Security No. _____
	Address (Include apt. no., city, state and zip code) _____		License/Certificate Number _____
			Date Issued _____
	I hereby authorize the licensing agency of the state or county of _____ to furnish the information below to the State of Hawaii, Department of Commerce & Consumer Affairs, Dispensing Opticians Licensing Program.		
Date _____			SIGN HERE _____

LICENSING AGENCY	This is to certify that the above-named individual was issued license/certificate number _____ to practice as a dispensing optician.		
	Date issued: _____		
	Date license/certificate expires: _____		
	License status:	<input type="checkbox"/> current	
		<input type="checkbox"/> lapsed since: _____	
	<input type="checkbox"/> inactive since: _____		
	Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If YES, please send a copy of your board's: 1) Administrative Action; 2) Final Order.		
	Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	(Please explain yes response.)		
	Do your State laws require the successful completion of the National Opticianry Competency Examination (NOCE) and the National Contact Lens Registry Examination (NCLRE) prior to issuance of a dispensing optician license or certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	COMMENTS:		
	Signature: _____		
	Title: _____		
	State: _____		
	Date: _____		
	TO THE BOARD: Return this form directly to the Hawaii Department of Commerce & Consumer Affairs, Dispensing Opticians Licensing Program.		